



CLINICAL PARAPSYCHOLOGY: COUNSELLING EXPERIENCES OF CLIENTS WHO REPORT ANOMALOUS EXPERIENCES AND THE TRAINING NEEDS OF THERAPISTS

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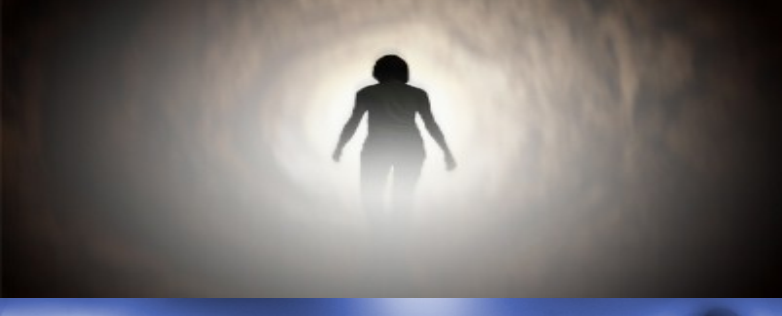
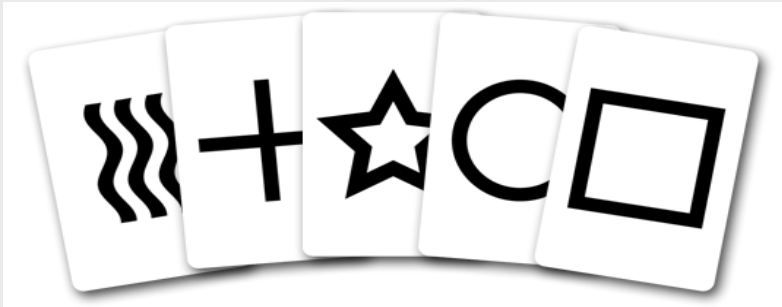
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1. Aims

- To investigate the **experiences of clients who report AEs** in therapy so we are better informed about how therapists have responded to such clients.
- To investigate the **experiences of therapists who have worked with clients reporting AEs** so we are better informed about how AEs are perceived, interpreted, and managed.
- To investigate the **needs of students undertaking training to become therapists** so that they may be better informed to address AEs.

2. What are anomalous experiences?

AEs are defined as those that ‘depart from our own familiar personal experiences or from the more usual, ordinary, and expected experiences of a given culture and time’ (Braud, 2012, p.107).



- 1. Psychic experiences** are those in which we learn about or influence the world through means other than the conventionally recognised senses (e.g., extrasensory perception/ESP).
- 2. Mystical experiences** are those in which there is a strong sense of connection with the divine, other people, surroundings, or the universe.
- 3. Peak experiences** are moments when people experience all that one can be (e.g., engaged in optimal functioning, in the ‘flow’ of things).
- 4. Out of body experiences (OBEs)** involve a sensation of being outside one’s body.
- 5. Hauntings** are characterized by visions (‘ghosts’) and sometimes noises in a particular location.
- 6. Poltergeist activity** is usually associated with a person rather than a place and involves phenomena, such as destruction/relocation of furniture.
- 7. Experiences of unusual healing** include instances of recovery or enhancement of well-being beyond what is usually expected on the basis of conventional medical or psychological knowledge.
- 8. Encounter experiences** are those in which the person is confronted with something that is not supposed to be there (e.g., mythical beings) or that is actually there but is awesome and wondrous.
- 9. Reincarnation/past life experiences** include the belief that the soul or spirit has been reborn into another body.
- 10. Therianthropy** is the belief that one can transform into an animal and often involves experiencing phantom limbs or mental shifts.
- 11. Synchronicity** is defined as a meaningful coincidence between an inner event (e.g., thought) and one or more external events.
- 12. Spiritual crisis/emergence** often occurs after a spiritual experience or intense spiritual practice and can cause the person to question their beliefs, values, and meaning system.
- 13. Alien abduction** involves memories of being taken by apparently nonhuman entities and subjected to physical and/or psychological procedures.
- 14. Near death experiences (NDEs)** typically occur to individuals close to death and often involves the presence of a light.
- 15. Unusual death related experiences** include mediumship, apparitions of the deceased, and feeling a sense of presence.

3. Method

- Semi-structured face-to-face **interviews** were conducted with eight clients who had reported AEs in therapy and with eight therapists who had worked with clients who had reported AEs in therapy.
- Two **focus groups**, consisting of six participants each, were conducted with trainee therapists to explore the training needs of therapists when working with clients reporting AEs.
- Interviews and focus groups were transcribed verbatim and an inductive **thematic analysis** was conducted on the entire data set as outlined by Braun and Clarke (2006).

4. Results

Table 1. Table of themes from interviews with clients who had reported AEs in therapy

Theme	Meaning
‘Why are you looking at that airy fairy crap?’	Fear of being labelled, seen as crazy, keeping experiences private or hidden, stigma and prejudice.
‘It was like banging your head against a brick wall’	Dilemma where to seek support, frustration, accessibility/lack of services.
‘It kind of shut the door’	Unable to express or explore experiences when found a therapist, felt isolated and unheard, dismissed, therapist didn’t take into account their worldview.
‘Having someone to normalise and say you’re not crazy, you’re not weird’	Helpful aspects of therapy included normalisation and validation, open-minded therapist where can explore the meaning of AEs.

Table 2. Table of themes from interviews with therapists who had worked with clients reporting AEs

Theme	Meaning
‘Testing the waters’	Clients are seeking ‘permission’ it is okay to discuss AEs and are hesitant to disclose for fear that they will be seen as ‘mad’.
‘Exploration not explanation’	Explore the meaning of the experience from the client’s perspective rather than impose an interpretation, process of therapy is the same for AEs as it is for other issues.
‘It’s special but it’s not unique’	Normalise the experience by letting clients know that other people have had similar experiences.
‘Forewarned and forearmed’	Therapists have a responsibility for educating themselves about issues that they are not familiar with, be aware of own limits and be prepared to refer clients elsewhere.

Table 3. Table of themes from focus groups with trainee therapists

Theme	Meaning
‘Quite often we get taken by surprise because it’s a subject we don’t talk about’	Felt unequipped to work with clients who report AEs because not talked about in training, taken by surprise when clients discussed AEs.
‘It’s just having this in our vocabulary’	Just talking about AEs whilst in training would help, list of AEs useful, discussion forums, independent learning groups, case studies.
‘Demystifying and valuing AEs as normal human experiences’	Acknowledge that AEs are real for clients, level of distress and any risks more important to consider than making a distinction between what is ‘abnormal’ or ‘normal’.
‘To ask or not to ask?’	Mixed views about whether AEs should be enquired about at the assessment stage.

5. Implications

- There is a risk that individuals who believe they have had AEs do not seek support for fear of being dismissed or pathologised.
- Highlights the importance of reaching a ‘shared explanation’ which addresses multiple perspectives regarding the causes of AEs and mental health issues.
- Therapists should explore the meaning of AEs to help clients make sense of their experiences and to identify any precipitating factors involved.
- There is a need for therapists to be introduced to the topic of AEs when training and to have access to accurate and balanced information about AEs.